Extracts from the 2002 Rendle Short Lecture by **Valerie Inchley**

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Medical Mission: What's the future?

The Old Testament prophets… addressed issues of injustice, inequality, corruption, immorality, and idolatry at both personal and society levels…. In a very real sense, we are being called to assume a prophetic role.

There is an increasing amount of scholarship related to mission theology generally, but a paucity of literature related to medical mission. As Wilkinson points out, it was because medical missions arrived late on the mission scene that they have largely been excluded from theological consideration and the literature is mostly biographical.[1] Traditionally medical work has been seen as a relatively recent add-on to mission,[2] presupposing that it was not part of the original mandate. In fact, Medical Missions as we know them only came onto the scene in the 19th century, during the last of the classical eras of mission. But this is to ignore the broader dimension of medical mission that, I believe, has always been part of the ministry of God's people and the Christian church.

I believe we are now entering a new age. It may come as no surprise to hear that we are living in the midst of a major paradigm shift, which is affecting the whole of our lives – personal and professional. It may even come as a kind of relief, to help us understand why we are suffering so much stress. Our world has become a vastly different place from that in which Medical Missions were nurtured. Almost everything has been turned on its head, but in the midst of the changes there are also some exciting challenges.

In the West, secularism, with its mechanistic view of the universe, and materialism that leaves God out of account, have proved unable to answer the deepest questions of life, and so a supernatural dimension is once again being sought. Christianity is erroneously regarded as tried and found wanting. Dualism is giving way to holism. Absolutism is virtually synonymous with intolerance and the new relativism is reflected in religious pluralism, with Christianity just one among many options. Western superiority is an outdated myth. There is a new humility with regard to mistakes made by previous imperial powers, but combined with a lack of confidence to say anything definitive (even about the gospel) any longer. National boundaries keep changing and global communications have shrunk the world so that mission can no longer be defined geographically. As a result some have suggested a moratorium on missions.[3] Were they perhaps right? I submit that the answer is both 'yes' and 'no'.

'In one sense the days of the traditional medical missionaries are over,'[4] but there are still parts of the old vision that remain to be fulfilled, and it is clearly right that we do not immediately jettison all the components of the older paradigm of Medical Missions. But it is also important that we take a fresh look at this new age and see what should be the form of medical mission for the 21st century.

Old and new challenges

A new phase commits us to completing the original vision, the old work, but in new ways. There are few, if any, pioneer situations left in the old sense. But some of the new challenges in the wake of AIDS, civil war, genocide, terrorism, floods, land-mines, drought and famine require as much – if not even more – vision, initiative and professional adaptability as in the early days. In some places refugee medicine and disaster management have become the new face of third world medicine, with Christians again frequently in the forefront.

Curative care will always be needed, but its ultimate responsibility must lie in the hands of national governments, for as Tom Hale says, 'We (missionaries) don't set policy; we set an example…of compassionate medical care.'[5] But, while much of what was initiated by medical missions has, I believe rightly, already been handed over, this does not necessarily mean an end to all mission contributions. Super-specialists, particularly as tent-makers[6] seconded to government institutions, are usually still

welcome, although it is arguable that the promotion of general practice in these countries is more likely to offer greater help, in the long run, to both patients and the medical profession.

Many old diseases still remain to be controlled – leprosy lingers, TB has returned with a vengeance, and there are some new nasties. AIDS is becoming possibly the biggest single major medical problem the world has ever faced. Safe motherhood objectives were sadly not achieved by AD2000. Medicine still has a number of unsolved puzzles that need researching. In all these fields, partnership is often still welcomed. On the other hand, while many rural and urban areas remain underdeveloped, political unrest and militant anti-Christian attitudes in some lands are making community medicine increasingly difficult for expatriates. Training remains generally acceptable and may well continue to be so for some time. It is after all an on-going task with new trainees each session, and new techniques being developed each year. To pass on one's knowledge and skill, especially when it is combined with a testimony of one's faith, is still part of medical mission no matter where the training is located, or even whether it is conveyed through books.

The role of national professionals and churches

While there are new ideas and techniques that fit into the old forms, there are also two major changes discernible, both of which relate to the nationalisation of the work of medical missions. The first is the progressive hand-over to national medical professional colleagues, and the other, the increasing responsibility that national churches are assuming for various aspects of medical work. The former is an exciting sequel to the years of training invested, and the latter, an equally exciting outworking of the holistic theology of the younger churches. It is also perhaps significant that towards the end of the 20th century, the effects of the Charismatic revival began to be felt on the mission field, with a move towards the restoration of the dimension of healing prayer.

In Nepal, for example, missions are still involved in TB and leprosy work, but have extended their rehabilitation activities to those with other disabilities. Hospital-type treatment is now being taken to the districts in an extensive programme of camps. The problem of equipment maintenance has been addressed, as has quality control for laboratory services. Drug and alcohol dependence programmes are running. Para-medical disciplines like physiotherapy and speech therapy have been promoted and training courses initiated. The problem of AIDS has been considered. Professional training scholarship schemes are being promoted. National colleagues, some of whom are Christians, are increasingly assuming the leadership of programmes. Local communities and NGOs are being supported. The national church is also beginning to respond to the challenge of involvement in various kinds of medical ministry, and combining traditional evangelistic outreach with a service component.

A prophetic paradigm

On the other hand, a new paradigm implies welcoming a completely new vision, as well as working out new ways of fulfilling it. Medical mission is, and always has been, about fulfilling God's purposes for the whole person in the whole world. God's purposes remain the same but his plans for their fulfilment may be changing. The history of mission combined with a Biblical theology provides us with some essential principles, which include:

- God's view of mankind as one whole – with no false division between the physical and spiritual, his holistic pattern for mission – with evangelism and medical service fully integrated
- His equal compassion for individual patients and concern for communities, and
- The importance and value of prayer in and for healing.

Medical Missions worked by taking modern medicine alongside the gospel from one part of the world (the 'developed' western 'Christian' countries) to another (the 'underdeveloped' eastern or southern non-Christian ones) – essentially a geographical movement. Today, 'everyone agrees that…"mission" is no longer "the West reaching out to the rest".'[7] Such an approach is unfeasible, as partnership replaces paternalism, and the post-Christian West looks east for more holistic systems of alternative medicine, which seem to offer more personalised and spiritual approaches to healing. Diseases like AIDS, which know no geographical boundaries, threaten mankind in general, and the medical profession in particular. There is no apologetic for the new ethical dilemmas raised by the issues of abortion, euthanasia, gender and now genetics because the traditional Christian ethic of medicine has been eroded. As Tim Naish pointed out, 'there is (however) a closer relation between mission and ethics than is generally acknowledged within the church or by scholars of either subject.'[8] I therefore submit that the new paradigm may possibly prove to be a prophetic paradigm, and the medical missionaries of the 21st century, the ones who, wherever they are, raise a prophetic voice.

The Old Testament prophets were men who spoke out the truth about God to a people who did not want to hear. Their authority was derived only from God. They addressed issues of injustice, inequality, corruption, immorality, and idolatry at both personal and society levels. And they were ignored or eliminated. Stanley Browne said something very similar, 'Christian doctors should be able to exert a determinative influence at strategic points and at strategic moments, so that God's eternal purposes may be forwarded in a very real way.'[9] Within a medical context, malpractice needs to be exposed, gender and age discrimination abolished, expensive treatments fairly distributed, and standards maintained in research and its documentation. The rights of patients, including the very young and the very old, need to be upheld. God's opinion of homosexuality needs to be

Photo: Wellcome

KEY POINTS

The 21st century calls for a new paradigm of medical mission. Whilst old diseases remain, AIDS, civil war, genocide, terrorism, floods, drought and natural disasters have created new challenges; and God is now calling his people to 'be prophetic' in addressing issues of injustice, inequality, corruption, immorality and idolatry at both personal and society levels. National professionals and churches have an increasing role; but most critically we all need a biblical theology of medical mission that emphasises whole person care, the integration of evangelism and medical service, compassion for both individual patients and communities and the importance of prayer in and for healing.

Photo: Welcome

proclaimed. And perhaps we should ask, not whether it is ethically right to witness during a consultation, but whether it is spiritually wrong for the committed Christian not to do so when prompted by the Lord?

Missions in Nepal, for example, have always maintained Christian standards within their own projects, but today there is a new opportunity to speak out against some injustices in society and any wrongs in medical practice. Explosion of the private sector and growth in numbers of the medical, nursing and paramedic staff in general over the last decade, together with increasingly liberal attitudes and lax behaviour among the younger generation, has precipitated the medical profession into debate with government over ethical issues. An abortion bill has recently been tabled and in response, the Nepal Christian Hospitals' Association has drafted its own principles of action, and a statement to the government on behalf of its member hospitals.

Rendle Short himself was never 'strictly speaking' a medical missionary, but he was a man who proclaimed God's word and influenced the practice of medicine in many lands. His style of writing, and even some ideas, may strike us now as dated and even a little paternalistic, but this was precisely because he was speaking in and for his own contemporary generation. If he were here with us today, he would be one of the first to speak out in new postmodern terms and challenge us to meet the needs of 21st century global medicine.

The new medical missionaries

The new medical missionaries may therefore be any men or women of God with a profoundly biblical faith and a deep compassion that all of people might know God's full purposes. Not only will they will be closely in touch with God, they will also have learnt the language of communication with a postmodern world. These new medical missionaries may be 'called' from (almost) anywhere in the world to work (almost) anywhere in the world. 'The West is now itself a "mission field"' [10] and Keith Sanders has reminded us that, 'the same Christian attitudes to health care (should) be applied to the West as well as [in] more distant places.' [11]

These new medical missionaries will be those who share their faith while they serve the people. Their professional and personal lives will be beyond reproach, and they will be openly known as Christians. They will speak into contemporary issues with a word from God, declaring God's judgement on those who reject his mandate for mankind, and proclaiming God's *shalom* for all who suffer in any way. They will speak the truth in love, and without fear. And they will suffer for it.

These new medical missionaries may be community or hospital based: doctors, nurses or paramedics: generalists or specialists: physicians or surgeons. They may be clinicians, teachers, technologists, researchers, managers, writers, or even theologians. One thing only is certain - they will be pioneers!

THE NEW MEDICAL MISSIONARIES WILL BE THOSE WHO SHARE THEIR FAITH WHILE THEY SERVE THE PEOPLE…THEY WILL SPEAK THE TRUTH IN LOVE, AND WITHOUT FEAR. AND THEY WILL SUFFER FOR IT.

Such a new paradigm of medical mission implies that, 'whatever the geographical location or professional nature of our service, we are all in this business of commending the gospel by our life and work – and also word. In a very real sense, we are (all) being called to assume a prophetic role.' [12]

The original pioneers of medical mission were willing to do something no one had ever done before. Are we? Or are we content to remain 'strictly speaking not missionaries at all'?

The full text of this Rendle Short Lecture is available on the CMF website at www.cmf.org.uk/helix/win03/rendle.htm

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